

County: Calumet
WILLOWDALE NURSING & REHABILITATION CENTER
1610 HOOVER STREET

Facility ID: 9460

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NEW HOLSTEIN 53061 Phone:(920) 898-5706
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 50
Total Licensed Bed Capacity (12/31/02): 50
Number of Residents on 12/31/02: 46

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 49

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			26.1
Supp. Home Care-Personal Care	No						More Than 4 Years			52.2
Supp. Home Care-Household Services	No		Developmental Disabilities	2.2	Under 65	6.5				21.7
Day Services	No		Mental Illness (Org./Psy)	15.2	65 - 74	10.9				-----
Respite Care	Yes		Mental Illness (Other)	4.3	75 - 84	23.9				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	47.8	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.9	Full-Time Equivalent			
Congregate Meals	Yes		Cancer	4.3		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Fractures	8.7		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	2.2	65 & Over	93.5	-----			
Transportation	No		Cerebrovascular	8.7		-----	RNs			10.2
Referral Service	No		Diabetes	8.7	Sex	%	LPNs			10.8
Other Services	No		Respiratory	4.3	-----	-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	41.3	Male	23.9	Aides, & Orderlies			
Mentally Ill	No			-----	Female	76.1				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	Yes					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	3.3	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.2
Skilled Care	3	100.0	301			23	76.7	116	0	0.0	0	10	76.9	134	0	0.0	0	0	0.0	0	36	78.3
Intermediate	---	---	---			5	16.7	96	0	0.0	0	3	23.1	134	0	0.0	0	0	0.0	0	8	17.4
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			1	3.3	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.2
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0				30	100.0		0	0.0		13	100.0		0	0.0		0	0.0		46	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Assistance of		One Or Two Staff		Dependent		Number of Residents	
Private Home/No Home Health	21.9	Daily Living (ADL)	Independent						
Private Home/With Home Health	0.0	Bathing	0.0		56.5		43.5		46
Other Nursing Homes	6.3	Dressing	4.3		78.3		17.4		46
Acute Care Hospitals	71.9	Transferring	19.6		58.7		21.7		46
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	17.4		58.7		23.9		46
Rehabilitation Hospitals	0.0	Eating	28.3		67.4		4.3		46
Other Locations	0.0	*****							
Total Number of Admissions	32	Continence		%	Special Treatments			%	
Percent Discharges To:		Indwelling Or External Catheter		6.5	Receiving Respiratory Care			6.5	
Private Home/No Home Health	25.7	Occ/Freq. Incontinent of Bladder		80.4	Receiving Tracheostomy Care			2.2	
Private Home/With Home Health	5.7	Occ/Freq. Incontinent of Bowel		39.1	Receiving Suctioning			0.0	
Other Nursing Homes	2.9				Receiving Ostomy Care			0.0	
Acute Care Hospitals	11.4	Mobility			Receiving Tube Feeding			4.3	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		4.3	Receiving Mechanically Altered Diets			34.8	
Rehabilitation Hospitals	0.0								
Other Locations	8.6	Skin Care			Other Resident Characteristics				
Deaths	45.7	With Pressure Sores		6.5	Have Advance Directives			89.1	
Total Number of Discharges		With Rashes		0.0	Medications				
(Including Deaths)	35				Receiving Psychoactive Drugs			60.9	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									

		This Facility	Ownership:	Bed Size:		Licensure:		All	
		%	Peer Group	50-99		Skilled		Facilities	
			% Ratio	Peer Group		Peer Group		% Ratio	
				% Ratio		% Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	84.7	1.16	87.1	1.13	85.3	1.15	85.1	1.15
Current Residents from In-County	60.9	81.6	0.75	81.5	0.75	81.5	0.75	76.6	0.79
Admissions from In-County, Still Residing	21.9	17.8	1.23	20.0	1.09	20.4	1.07	20.3	1.08
Admissions/Average Daily Census	65.3	184.4	0.35	152.3	0.43	146.1	0.45	133.4	0.49
Discharges/Average Daily Census	71.4	183.9	0.39	153.5	0.47	147.5	0.48	135.3	0.53
Discharges To Private Residence/Average Daily Census	22.4	84.7	0.27	67.5	0.33	63.3	0.35	56.6	0.40
Residents Receiving Skilled Care	80.4	93.2	0.86	93.1	0.86	92.4	0.87	86.3	0.93
Residents Aged 65 and Older	93.5	92.7	1.01	95.1	0.98	92.0	1.02	87.7	1.07
Title 19 (Medicaid) Funded Residents	65.2	62.8	1.04	58.7	1.11	63.6	1.02	67.5	0.97
Private Pay Funded Residents	28.3	21.6	1.31	30.0	0.94	24.0	1.18	21.0	1.34
Developmentally Disabled Residents	2.2	0.8	2.73	0.9	2.36	1.2	1.84	7.1	0.31
Mentally Ill Residents	19.6	29.3	0.67	33.0	0.59	36.2	0.54	33.3	0.59
General Medical Service Residents	41.3	24.7	1.67	23.2	1.78	22.5	1.84	20.5	2.02
Impaired ADL (Mean)	54.8	48.5	1.13	47.7	1.15	49.3	1.11	49.3	1.11
Psychological Problems	60.9	52.3	1.16	54.9	1.11	54.7	1.11	54.0	1.13
Nursing Care Required (Mean)	6.8	6.8	1.00	6.2	1.09	6.7	1.01	7.2	0.94